

CLAIMS ONLY							Application Number 10608294		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	cancel						51			
2	1						52			
3	1						53			
4	cancel						54			
5	cancel						55			
6	1						56	1		
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64	1		
15							65	1		
16							66			
17							67			
18							68			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	10						Total Indep			
Total Depend	30						Total Depend			
Total Claims	40						Total Claims			

BEST AVAILABLE COPY